

**APPLICATION FOR
COMMON VICTUALLER'S LICENSE**

Before any application for a change of ownership is accepted the licensee must obtain a Certificate of Good Standing from the City Treasurer, City Hall, 93 Highland Avenue.

The applicant should complete the attached application and return it to the Licensing Commission office at least ten days prior to a regularly scheduled meeting along with the following:

- Certificate of Good Standing from the City Treasurer
- Application fee of \$25.00 (checks should be made payable to the City of Somerville)
- Purchase and Sales Agreement (if purchasing an existing business)
- Lease
- Floor Plan
- Menu

The Licensing Commission meets the third Monday of every month at the Public Safety Building, Academy Room, 220 Washington St., Somerville, MA unless otherwise advised.

TRANSFERS - BOTH PARTIES MUST BE PRESENT AT THE HEARING

**LICENSE APPROVALS ARE CONTINGENT UPON THE APPROVAL OF THE
FIRE DEPT., INSPECTIONAL SERVICES AND BOARD OF HEALTH**

**LICENSING COMMISSION
CITY HALL
93 HIGHLAND AVENUE
SOMERVILLE, MA 02143**

APPLICATION FOR COMMON VICTUALER LICENSE

- (1)
Full Name of Proprietor or Manager Residence Telephone No.
- (2)
Name Under Which Business is to be Conducted
- (3)
Address of Business Telephone No.
- (4) Partnership.....Corporation.....
- (5) If Partnership or Corporation state the names and addresses of the owners or officers:

.....
.....
- (6) Proposed Hours of Operation?.....
- (7) Have you been refused a license in any city or town at any previous time?.....
- (8) What other business, if any, is to be conducted on the premises for which this license is requested?.....
- (9) Is the business to be conducted under cafeteria style?..... dining style?..... counter style?.....
- (10) Seating capacity contemplated?.....
- (11) Please state your places of residence during the past five years:

.....
.....

- (12) Are you acquainted with the rules and regulations of the Somerville Board of Health concerning Common Victualer licenses?.....
- (13) State the names and addresses of your employers during the past five years:

- (14) Are you a citizen of the United States of America?.....
- (15) Do you intend to apply for a liquor license at any time in the future on these premises?.....
- (16) Is there a Juke Box on the premises at the present time?.....
- (17) Do you intend to apply for a Juke Box license?.....
- (18) Do you own.....or lease.....the premises? If leasing, please provide the name and address of the lessor

THE ABOVE STATEMENT IS MADE UNDER PENALTIES OF PERJURY

Business Name.....

Signature.....

Pursuant to M.G.L. Ch. 62C §49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

 Social Security Number

 Signature of Individual or Corporate Name

by: _____
 Corporate Officer (if applicable)

SERVICES AND BD. OF HEALTH